

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27405

1. PLACE OF DEATH

County Way
Township Richmond
City Richmond (No. 1)

Registration District No. 744
Primary Registration District No. 3035

File No. 62
Registered No. 62
St. Mo. Ward 1

2. FULL NAME: Samuel King

(a) Residence, No. Richmond, Mo. St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Estelle King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1871

7. AGE YEARS 62 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. V

10. Date deceased last worked at this occupation (month and year) life 11. Total time (years, months, days) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Robert King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Susan Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Samuel King

18. BURIAL, CREMATION, OR REMOVAL PLACE Deaf Cemetery DATE August 9, 1933

19. UNDERTAKER (ADDRESS) E. W. Maxey

20. FILED 8-10, 1933 E. E. Jay Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Aug 6, 1933

I last saw him alive on Aug 8, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Nephritis Sub acute
Exposure, Abdomen
Lower limbs
BP 130/80
1910
Other contributory causes of importance: Chronic poisoning

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) N. C. Combs M. D.

(Address) Richmond, Mo

